

Bond Number

Registration Number  
(for Health District use only)

**State of Ohio**  
**2017 Registration Bond**  
**Sewage Treatment Systems Installer**  
(for Multiple Sewage Treatment Systems)

**Know all men by these presents, that**

Company or Corporation Name

Check one: Whether owned by       individual       partnership       corporation

Of Address

As Principal, and  
Surety Company

Is/are authorized to do business in the State of Ohio, as Surety, are bound to an aggrieved party in the sum of  
**forty thousand (\$40,000)**

to the payment of which is to be made as provided below, the Principal and Surety hereby bind to themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, by these presents.

Bond Effective Date:

Whereas, the above Principal has applied to a health district in Ohio as established under Ohio Revised Code (ORC) Chapter 3709, for a registration to engage in and practice the business of a sewage treatment system installer in the State of Ohio as provided in sections 3718.02 (A)(8) of the Ohio Revised Code (ORC) and rule 3701-29-03 of the Ohio Administrative Code (OAC), such registration **expiring on the 31<sup>st</sup> day of December, 2017.**

NOW, THEREFORE, THE CONDITIONS OF THE ABOVE OBLIGATION IS SUCH, that if the above Principal shall observe strictly and comply faithfully with all laws and rules relating to the construction, alteration, repair or abandonment of sewage treatment systems, and any amendments thereto, and shall save and keep harmless the State of Ohio and any person who may be aggrieved by the violation of any of the aforesaid laws or rules from the consequence of any and all acts done by said Principal, then this obligation shall be null and void otherwise to remain in full force and effect until **December 31, 2017.**

**Please note signature required on the reverse side of this form**

▶▶ Please see reverse side to complete the form ▶▶

PROVIDED, HOWEVER, that this Bond is executed subject to the following expressed conditions and limitations:

1. The Surety Company may cancel this Bond at any time by giving written notice to the Ohio Department of Health ninety (90) days prior to the effective date of cancellation in accordance with OAC Rule 3701-29-03 (C)(6)(d). The Principal shall then notify all local health districts in Ohio where the Principal holds a current and valid registration of the cancellation of the bond, and shall immediately submit proof of a new registration bond. Any such cancellation shall release the Surety from liability for any subsequent acts of the Principal; provided, however, the Surety shall remain liable for any and all acts of Principal covered by this bond up to the date of cancellation.
2. The aggregate of liability of the Surety Company shall in no event exceed the sum of this Bond, regardless of the number of claims that may be filed hereunder. The sum of  
**forty thousand dollars (\$40,000.00)**  
for this bond shall be available for payment of violations for the 2017 registration year.
3. This bond shall be for the benefit of any aggrieved party for damages incurred as a result of a violation of OAC Chapter 3701-29, as provided by OAC 3701-29-03(C).

Company Name:

Signature of Company Owner/Representative (required)

Surety Company Name

Surety Company Address

City

State

Zip

Surety Company Telephone

Attorney-in-Fact or Insurance Agent Signature (required)

*(Place Bonding Corporation Seal above)*

**Instructions for preparation:**

1. Impress Seal of Surety Company
2. Attach Power-of-Attorney form for the Attorney-in-fact
3. Make sure the Company Representative signs in the appropriate box



# Ohio Department of Health Sewage Treatment Systems Program

2017 Contractor Contact Information  
for Installers, Septage Haulers and Service Providers

Please complete the following information and submit with the Bond Form.

Company Name

Company Street Address

City

State

Zip Code

Company Mailing Address (if different from Above)

City

State

Zip Code

Company Owner

Company Representative (if different from Owner)

Company Phone Number

Additional Contact Phone Number

Company Fax Number

Company E-mail

Please check all registration categories that apply to your company's business for 2017:

- Installer     Service Provider     Septage Hauler

Please list the county where the company is located

Are you registering to work in this county in 2017?

- Yes     No

If Bonded for only a Single System in 2017, list the County where work will be performed: \_\_\_\_\_

Please list (below) all of the County or City Health Districts that you registered with in 2016:

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